N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Pr Ly 11728	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 233
Village or City Thurse Lucy (No	St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fluale Culared Single, MARRIED, WIDDEN, WIDDEN, WIDDEN, WIDDEN, WIDDEN, WIDDEN, WIDDEN, WITH the WORD)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE March 28 , 1899. (Month) (Day (Year) 1 day	that I last saw h
yrs mos ds. OR min.? **OCCUPATION* (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmen! in which employed (or employer) **BIRTHPLACE* (State or country)	The CAUSE OF DEATH* was as follows: Control Conversion
10 NAME OF FATHER PLLAN Ormstrong 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) (Duration)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Johngham, Ond 15 Filed Dov 19 191 4 Grnest H. Garner REGISTRAR If more blanks are needed, address State Regist	19 PLACE OF BURIAU OR REMOVAL Brooks Church em 0 19 , 191 4 20 UNDERTAKER ADORESS ADORESS Tar, 6 E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changes Servant, Cook of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons Housemaid, etc. If the occupation has given up on account of the disease return "Laborer," As examples: "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



V. S. No. 1.

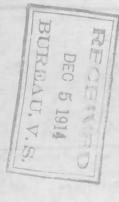
County.	A Jul	1172		1	FICATE OF DEA	
	matter of	2	and the state of t	Re	gistration Dist. No	2
Village or C	ity mungh	Mary (No	f : .	1)	a hosp	SMA
	ULL NAME	WCC-	our	u monam	e Urms of stre	et and
	SONAL AND STATISTICA	L PARTICULA	ARS	MEDICAL	CERTIFICATE OF DEATH	
mile	A	MARRIED, WIDOWED, ORDIVORCED (Write the WO	nglu	16 DATE OF DEATH	(Month) (Day	
6 DATE OF BIE		(mine the Mo	ra)	17 I HEREBY	CERTIFY, That I attended	dece
	(Month)	17	, 1914		l, to	*******
7 AGE	(Month)	(Day	(Year)		e on	
***	yrsmos	e do	1 day,hrs.	The CAUSE OF DEATH *	the date stated above, at	
6 OCCUPATION (a) Trade, profess	N Sion, or	U	ORmin. ?	Stille To	25722 l	
particular kind of (b) General natur	e of Industry.	2000-00700000000000000000000000000000	P0004000000000000000000000000000000000		***************************************	
				**************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
business, or est which employed (ablishment in				(Duration) yrs.	mos
business, or est	ablishment in or employer)	-A	***************************************	Gontributory Secondary	(Duration) yrs	mos
business, or est which employed (of BIRTHPLACE (State or of	ountry)	1	***************************************	Gontributory Secondary		
business, or est which employed (description) BIRTHPLACE (State or company)	ountry) OF MARKEN	om		Contributory Secondary (Signed)	(Duration) yrs	
business, or est which employed (description) BIRTHPLACE (State or company)	ountry) OF HACE THER	om		Secondary (Signed) 19 14 (Add	(Buration) yrs	mos
State or of the state of the state or of the s	ountry) OF HACE THER Or country) N NAME	om Kur	m	(Signed)	(Buration) yrs. (Gress) (SING DEATH, or, in deaths in	mos
Dusiness, or est which employed (state or	ountry) OF HALK PLACE THER OF COUNTRY) N NAME DTHER	om Kur ma ar	mstrong	(Signed)	fress) OF INJURY; and (2) whether the state of the state	mos from
State or of the control of the contr	ountry) OF HACE THER OT COUNTRY) N NAME OTHER QUEVY PLACE THER OF COUNTRY)	om 12nr ma ar	mstrong	Secondary (Signed) , 191 (Add *State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICII 18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place	(FOR HOSPITALS, INSTITUTIONS	from ther
State or of the control of the contr	ountry) OF HACE THER OT COUNTRY) N NAME OTHER QUEVY PLACE THER OF COUNTRY)	our 1200 ma ar	mstrong	Secondary (Signed)	Gress)	from ther
Solution of the control of the contr	ountry) OF HACE THER OT COUNTRY) N NAME OTHER QUEVY PLACE THER OF COUNTRY)	onn 12nr ma ar md F MY KNOWL	mshong	Secondary (Signed) , 191 *State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIN 18 LENGTH OF RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE OF RECENT RESIDENCE O	Gress)	from ther
Dusiness, or est which employed (1) BIRTHPLACE (State or c) 1D NAME (FATHE 11 BIRTHP OF FA' (State 12 MAIDER OF MO OF MO (State 14 THE ABOVE	ountry) OF HACE THER OT COUNTRY) N NAME OTHER QUEVY PLACE THER OF COUNTRY)	our 1200 ma ar ma ar mod F MY KNOWL eet	mstrong EDGE	Secondary (Signed) , 191 *State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIN 18 LENGTH OF RESIDENCE OR RECENT RESIDENCE OF RECENT RESIDENCE 18 TO THE PROPERTY OF THE PROPERTY O	dress)	from ther mos
Dusiness, or est which employed (19 BIRTHPLACE (State or constitution of FATHE OF FATHE OF FATHE OF MODE) 13 BIRTHP OF MODE (State 12 MAIDER OF MODE) (State 14 THE ABOVE (Informant)	ountry) OF HACE THER OT COUNTRY) N NAME OTHER QUEVY PLACE THER OF COUNTRY)	om 1200 ma ar md of MY KNOWL eet	mstrong EDGE	Secondary (Signed) , 191 *State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIN 18 LENGTH OF RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE OF RECENT RESIDENCE O	(Buration) yrs	from ther mos
Usiness, or est which employed (19 BIRTHPLACE (State or control of FATHE 11 BIRTHF OF FATHE 12 MAIDER OF MOTOR (State 14 THE ABOVE (Informant)	ountry) OF HACE THER OT COUNTRY) N NAME OTHER QUEVY PLACE THER OF COUNTRY)	eet am, 5 est of S	mstrong EDGE Malanet	Secondary (Signed) , 191 *State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIN 18 LENGTH OF RESIDENCE OR RECENT RESIDENCE OF RECENT RESIDENCE 18 TO THE PROPERTY OF THE PROPERTY O	Gress) Sing Death, or, in deaths of Injury; and (2) when the ds. State yrs.	mos from ther s, TR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puerreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (secondary or intercurrent)



S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 238

---Ward)

Ilf death occurred is a hospifal or institution. give Ifs NAME Instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
May 5 1914 (Month) (Day (Year)	that I last saw hand alive on
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos 4s. Contributory Secondary
10 NAME OF FATHER OW. Darrett 11 BIRTHPLACE OF FATHER (State or country) Rule Serve to 12 Maiden NAME	*State the DISEASE CAUSING DEATH, ON in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HONICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted.
(Informant)	If not af place of death?————————————————————————————————————
(Address) 16 Filed Now / 6, 1914. Mary W. Thomas REGISTRAR	Pelle's M. E. Church Camplify Mov 16, 1914 20 UNDERTAKER Mr. Murray Lashington 10 C. para, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, eated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or misearriage as "Puerperal septichacture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Maras-"Collapse," "Conua," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cte. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT BINDING AGE should be st properly classified. UNFADING INK-THIS IS RESERVED DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. S

No. 02

m i ż

1 PLACE OF DEATH	11731
Gounty Tr	(19)
Village or City	(No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 33

 S	t.;.	 	W	a	rd)	
						•	

[If death occurred in a hospital or Institution.

FULL NAME James Bri	give its NAME instead of streef and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH 27, 1914 (Month) (Day (Year)		
7 AGE (Month) (Day (Xear) 1 dayhrs. ORmig.?	that I last saw h and alive on 191 and that death occurred on the date stated above, at 191 m, The CAUSE OF DEATH* was as follows:		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Cyplic Turn J Eye (Duration) yrs 6 mos ds.		
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER ARTOL	Contributory Secondary (Durafion) yrs mos ds. (Signed) (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal,		
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.		
Flied 7 10 28 191 4 Ernest 1. Garner Régistran If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL Croows, and Mor 29, 1914. 29 UNDERTAKER Leng & Stamp Hottingham, Mistrar, 6 E. Franklin St., Balto., Kequesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tyberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, ture of the American Medical Association.) by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion, The nature of the State cause for



Y. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 11732	STATE OF MARYLAND
Prime Grantes ()	CERTIFICATE OF DEATH
County Owne, January	M 11/1
A second second	Registration Dist. No.
Village or City day (No,	St.; Ward) [If death occurred in a hospital or institution,
11:00: 010/1	give its NAME instead of street and number.]
FULL NAME William Alfred	a manufi
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Practical	18 DATE OF DEATH OWN (Month) (Day) (Year)
male White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	Oct 29 1914, to Jan. 28, 1914.
(Mooth) (Day) (Year)	that I last saw h say alive on Tay 28 ,1914
FAGE If LESS than	and that death occurred on the date stated above, atm,
UT yrs. // mos. /8 ds. ormin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Chronic alcoholism.
(a) Trade, profession, er particular kind of work merchant	
(b) General nature of Industry,	
business, or establishment to which employed (or employer)	(Ouration) 2 yrs. mos. ds.
BIRTHPLACE (State or country)	(Secondary)
aa bounty	(Dorafion) yrs mos 5 ds.
10 NAME OF HAMAGE Chanel	(Signed) L. Javace, M. D.
11 BIRTHPLACE	10029, 1914 (Address) 623 And auch &
(State or country) Prince George	*State the DISEASE CAUSING DEATH, or, in deaths from Viorence
MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Glijabeth Durall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) QQ Concentry	Af place to the of death yrs mos ds. State yrs, mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
(Informant) I do Corrick	Former or
In Alan . marlhor And	USUAL PESIGENCE
(Address) Fife Land Co. 47.0	Brian Character Land Land Con 15 1014 4
	20 UNDERTAKEN ADDRESS
Filed, 191	a. Vr. Changy Sono Hallo
If more bisnks are needed, address State Registrar	, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Caroin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purrperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measics affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Can death), 29 "Exhanstion," Never report Examples: cause for



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF important. m

Prince Georges, Prince

STATE OF MARYLAND CERTIFICATE OF DEATH

Bovie	Registration Dist. No.
2FULL NAME Still - bour	a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Married, Wiodowed, Worder (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Nov 19, 1914 (Month) (Day (Year)	Mov 19 1914, to mov 19 1914, that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9.450 m. The CAUSE OF DEATH's was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Buration) Ayrs mos. ds.
10 NAME OF FATHER William Colbert	(Signed) Mary & Tray, motorof. 20 30, 1914 (Address) Bown ma
OF FATHER (State or country) Mary Came 12 MAIDEN NAME () OF MOTHER () 12 MAIDEN NAME () OF MOTHER ()	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death yrs, mos, ds
(Informant) Milliam J. Colbert -	Where was disease contracted, If not at place of death? Former or Usual residence.
(Address). Jown Ms 16 Flied nor 20, 1914 Relson a Ryon in REGISTRAR	ascusion Church and Agdress One Part of Burial Oscussion Church and Agdress One Part of Burial Agdress Nowii and

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Brinchopnetamina ("Pneumonia," unqualified, is indefinite); Tuberof lesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For vio-



VIIIage or City Berury (No. 2FULL NAME Harriet Elean	CERTIFICATE OF DEATH Registration Dist. No. 230 St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figural White Sample, Widowed, wisowed, Write the word)	16 DATE OF DEATH ALANGEMENT 23, 1915 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h. 12 alive on Metalette 2. 7. 1914.
TAGE If LESS than 1 day,hrs. ORmin.? COCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at 2 mm, The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) Wew York	Gentributory Classification Secondary (Duration) Managery mos ds.
10 NAME OF FATHER Gideory Pettis 11 BIRTHPLACE OF FATHER (State or country) Verment 2 Maiden Name OF Mother OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Uww York	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
(Informant) (Address) (Address)	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR DATE
more blunks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persous engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origiu; "Can-"Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affectiou ueed not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary). 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



. S. No. 1.

B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or City Bladensburg (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23/

Village or City Bladensturg (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE SNINGLE, MARRIED, WIDOWED, OR OLYORGED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from 191 to
s occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	The CAUSE OF DEATH* was as follows: Marasums (wasterneg) (Duration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country) IO NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) LE COMPANY OF MOTHER OF MOTHER OF MOTHER OF MOTHER	Contributory for west of Mothers Breat Secondary (Duration) yrs mos ds. (Signed) Cangustian H Daller Ja P., M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Honicidal.
of Mother Marie Butles 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Blackers Act 9 111 d. Filed Nov. 24, 1914 M. D. Spicer Registrar If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS Bludenshing gud trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, poritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



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state Very 100 pinous OCCUPATION PHYSICIANS RECORD 50 statement PERMANENT EXACTLY. classified. pe should properly supplied. be may certificate. * that 80 ō back terms, pinous 6 piain instructions Information ٥ EATH DO Item CAUSE OF Every It

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in (ALE) (No. Village or City St .:....Ward) a hospital or Institution, give its NAME instead of street and oumber. 7 PULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, (Month) (Day) ORDIVERCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 4 46 Q im, 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work... (b) Geoeral nature of Industry. business, or establishment to (Duration) which employed (or employer) -----Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed)... S 11 BIRTHPLACE , 191/ (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. Where was disease contracted. 14THE ABOVE IS TRUE It not at place of death? Former or (Informant) .. Osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR In more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. lt should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichnecause. Aiways qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-State cause for



RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

County Prince George Village or City Mt Rainer (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 24
PULL NAME GEORGE affred Fro	St.; Ward) a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word)	d 18 DATE OF DEATH WON 2 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
mole 14 To NO	1 1914, to 20 21, 1914
(Month) (Day (Year	that I last saw h alive on ton 20, 1914
TAGE If LESS to	
43 yrs 8 mos 7 ds 08 min	INGUAUSE OF DEATH'S WAS AS TOLLOWS:
8 OCCUPATION	Jyhung gen
(a) Trade, profession, or	0
particular kind of work. (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos 2 f ds
9 BIRTHPLACE (State or country)	Gontributory holios Priemonia
(state or country) Congland	(Duration) yrs mos 3 ds
10 NAME OF SEA. a Frost	(Signed) Sholeshaline, M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER MALE OF MOTHER	Mor m, 1914 (Address) It washandle mid.
(State or country) Gugland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
To MAIDEN NAME OF MOTHER MATE BARRENS	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country) England	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Louisa A From	Former or
mot Princel me 1	USUAL PERIODE
(Address) III Ocamuso M. a.	May . at 110 mp 24
16 7 -22 1100 0 0 . 2 ·	20 UNDERTAKER ADDRESS
Filed Nov 23, 1914 J. C. Ohlendorfman	Ottom are Mariated as a state
MEGISTRAR	Trancis Jasens sons Islatins with

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaescpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably dent; Revolver wound of head-homicide; Poisoned "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Ex-



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Instructions

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DEATH

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 [If death occurred inWard) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER

11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

Former or

14 THE ABOV

15 REGISTRAR 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS At place of death yrs. mos. Sfate yrs. ____ mos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

Where was disease confracted. If not at place of death?

usual residence BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. of persons engaged in domestic service for wages, as it should be used only when needed. cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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OCCUPATION RECORD PERMANENT prope UNFADING 0 PLAINLY Instructions 2 OF Every Item CAUSE OF Important.

PARENTS

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11 BIRTHPLACE

OF FATHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country

STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist. No. fif death occurred in ----Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, windwin, ord forced (Wy to the word) (Month) (Year) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav 7 AGE if LESS than and that desth occurred on the date stated above, at 11.30 f.m. t day hrs. OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country 10 NAME OF FATHER

., 191 ... (Address) ...

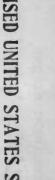
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

At place		in the			
of death yrs m	s ds.	State	yrs	mos	(
Where was disease contracte					
if not at place of death?		***************	000000000000000000000000000000000000000	**	

REGISTRAR

In mere blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line Is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

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N.B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I

1 PLACE OF DEATH County Since

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Richard Heeps	om of the lands of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male blard 5 single, wipowed, wingle or bivores (Write the word)	16 DATE OF DEATH Nov. 23 ,191.44 (Month) (Day (Year)
6 DATE OF BIRTH 2 9 , 1912 (Month) (Day (Year)	that I last saw h alive on Nov 23 , 191
7 AGE 11 LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at \$350m, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	anterios Polionyplitice.
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duratioo)yrs,mos,5_ds.
9 BIRTHPLACE (State or country) for y ork	Contributory Secondary (Duration) yrs mos ds. (Signed) 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER HOSSEL WON 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Flasher Thebron	Former or usual residence
(Address) Sagraffalls ny 16 Filed Nov. 25th, 1914 Now, O. Fairall REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Abuir Birk 20 UNDERTAKER ADDRESS ADDRESS
	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

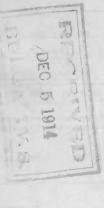
[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci statement. Never return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

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V. S. No. 1.

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state OCCUPATION IS pinous PHYSICIANS RECORD Exact statement PERMANENT EXACTLY. properly classified. 4 be 15 should UNFADING INK-THIS AGE supplied. pe may certificate. carefully 0 WITH pe DEATH in plain terms. See instructions on back should PLAINLY. Information WRITE 0 CAUSE OF Important.

TAGE

PARENTS

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8 OCCUPATION
(a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF

OF FATHER (State or country

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(Address

(b) General nature of industry, business, or establishment in

which employed (or employer)

(Year)

It LESS than

.....min. ?

1 day hrs.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23)

[It death occurred in

lia Higgins	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF D	EATH
16 DATE OF DEATH TON 35	, 191 4
	(Day (Year)
17 I HEREBY CERTIFY, That I att	
Sep 16 , 1915, to 2001	1914,
that I last saw h & allve on nov 7	19 at 1914
and that death occurred on the date stated ab	ove, at Amm,
The CAUSE OF DEATH * was as follows:	0
· Coromona of	most
I grural Coxalin	
	10000000000000000000000000000000000000
(Duration)	yrsds.
Contributory	
(Doration)	yrsds.
1175	/23
(Signed) W J. Jul	y M. D.
NEC , 191 4 (Address) Clau	esel Mel
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS.
OR RECENT RESIDENTS) At place In the	
	yrs ds
Where was disease contracted,	The state of the s
It not at place of death?	*******************************
Former or usual residence	
19 PLACE OF BURYAL OR REMOVAL	ATE OF BURIAL
20 UNDERTAILER & A	DORESS



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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SICIANS should OCCUPATION IS RECORD 0 statement PERMANENT classified. properly supplied. pe UNFADING may 80 WITH terms, plain instructions 2 of Inform DEATH 니 item Every item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 240 I'lf death occurred la .Ward) a hospital or lostitution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Day (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Dav (Year) TAGE If LESS than 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE .., 191. (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mes. ___ State _____ yrs. _ ds. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senfle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) For VIO-



PHYSICIANS should of OCCUPATION IS properly may certifica 000 plain Instructions 0

Every Item CAUSE OF Important.

200

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 STNELE. 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) DATE OF BIRTH (Month) (Day TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 248

-St.;----Ward)

[If death occurred is a hospital or institution, give its NAME instead of streef and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 191 to. allve on (Year) If LESS than and that death occurred on the date stated above, at f day,hrs. OR min. ? Contributory. Secondary (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SULCIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death _____ yrs. ___ mos. __ State _____ yrs, __ Where was disease contracted. If not at place of death?usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL If more blanks are needed, address State Registrar, 6 E/Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT BINDING V PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

S. No.

1 DI ACE OF DEATH

	unty Prince Georges	CERTIFICATE OF DEATH Registered No. 1811 (If death occurred)
VI	llage or City & epulat Keyho (No,	St; Ward) a hospitat or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	Nov 22 1914	17 I HEREBY CERTIFY, That I attended deceased from
7 AG	E 3 months Consephion If LESS than 1 day,	that I last saw h allye on 191 and that death occurred on the date stated above, at 1.30 P. m The CAUSE OF DEATH* was as follows:
(a) par (b) busin whice	Trade, profession, or Trade, profession, or Trade, profession, or General nature of industry, ness, or establishmont in the employed (or employer) RTHPLAGE	(Duration)yrsmosds
(St	ate or country) Maryland	(Secondary)
	10 NAME OF FATHER PARTIES	(Signed) A. R. Mackengie M. D.
Z	11 BIRTHPLACE	(Signed) A R Mackengie, MD Nov. 245, 1914 (Address) Cofuls Heights
RENT	FATHER P. B. Howell	(Signed) A R. Mackengie, MD Mon 241, 1914 (Address) Cofulal Heights *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 Country 14 Country 15 Country 16 Country 17 Country 18 Country 18 Country 19 Country	(Signed) A R Mackengie , MD *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents At place in the of death yrs, mos, ds. State yrs, mos, ds.
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed) A R Mackengie, MD *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence
14 _T	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) A R Mackengie, MD *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or

[Approved by L. S. Census and American Public Health Association.]

material worked on may form part of the second wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. genitai," Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 terminal conditions, such as "As-"Dropsy," "Exhaustion," __ (name origin; "Can-Examples: ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 1914
BUREAU, V.S.

PLACE OF DEATH

STATE OF MARYLAND 11745 CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

lif death occurred in a hospifal or institution. give its NAME instead of sfreet and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day (Year) HEREBY CERTIFY. That I attended decased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary 2.5.191 4 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

	At place		in the			
ŀ	of death yrs mos	ds.	State	yrs	mos	d
	Where was disease confracted,					

Former or usual residence.

PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER POOLS

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

18 83

(Year)

if LESS than

f day hrs.

OR min. ?

1 z



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without nore precise specimaterial worked on may form part of the second cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Farmer (retired 6 yrs.) For persons Salesman, (4)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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STATE OF MARYLAND 1 PLACE OF DEATH Very state CERTIFICATE OF DEATH should is OCCUPATION [If death occurred in PHYSICIANS .Ward) a hospital or institution. give its NAME instead of sfreet and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Marreed WIDOWEO. ORDIVORCEO (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended deceased from Exact classified. (Month) (Day) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above, at 11.45. a.m. should 1 day,hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or INK parficular kind of work. (b) General nature of industry, supplied pe business, or establishment in (Duration) may which employed (or employer) certificate. 9 BIRTHPLACE (Secondary) (State or country) 1 that 10 NAME OF FATHER 80 0 pe 11 BIRTHPLACE back terms, RENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain V OF MOTHER instructions Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place In the OF MOTHER of Inform DEATH of death yrs. mos. ds. (State or country State yrs, Where was disease contracted. See If not at place of death? Former or Item OF usual residenca Every Item CAUSE OF Important. BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS B ż lf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by L. S. Census and American Public Health Association.]

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V. S. No. 1.

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Very should is PHYSICIANS shou RECORD PERMANENT classified. pino THIS properly AG supplied. pe UNFADING may certificate. that 80 o back terms, 0.0 plain instructions = PL DEATH WRITE OF Important. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .-Ilf death occurred la -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY, That deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day,....hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ------9 BIRTHPLACE (State or country) Contributory. Secondary orandy wom 11 BIRTHPLACE ., 191/x.. (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. __ State _____ yrs, ____ Where was disease contracted, BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ., 191.... ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croud"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

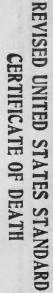
nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (Recommendations on statement of (secondary or intercurrent)



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	age or City New Halamill (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its MAME instead
	FULL NAME WWW R Mccl	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
B D/	ATE OF BIRTH	17 I HERESY CERTIFY, That I attended deceased from
-	(Month) (Day (Year)	that I last saw h alive on , 1914.
7 A C	If LESS than t dayhrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,		Cardia Agrabia
whi	ness, or establishment in chemployed (or employer) RTHPLACE (State or country) District Cl.	Contributory Octubes School Secondary (Duration) yrs mos ds.
S	10 NAME OF FATHER Root mc Chesney	(Signed) Slur & Collins, M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PARI	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot deathyrs,mos,ds. Stateyrs,mos,ds
	informant)	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) Thousand, mo	Hash. De Date of Burial Park. 4, 1914.
File	1914 Mrs. Jas. Severe	This Verg son Wash. De.
	f more blanks are needed, address State Regist	rar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. As examples: who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or instilution, give its NAME Instead

FULL NAME Tolky alette le Mc Donald of street and				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 51	ext 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Wipte the word)	16 DATE OF DEATH W. 1914 (Month) (Day (Year)		
8 D.	ATE OF BIRTH	17 HEREBY CERTIFY. That I attended deceased from		
	<u>July 4</u> , 1845 (Month) (Day (Year)	that I leat saw h & Leslive on A D . 17, 191 4		
TA	GE If LESS than 1 day, hrs. OR min.?	and that desth occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:		
(a)	CCUPATION Trade, profession, or ricular kind of work	Theumonia		
bus	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.		
16 FII	(Address) Laure Md Nov. 19th, 1914 Wm, a, Fairall REGISTRAR	Place of Burial OR REMOVAL DATE OF BURIAL Press Wordberglany ner Latt, 1814 20 UNDERTAKER ADDRESS Hishen to hair Samel Md		
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

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No.

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In more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up ou account of the disease of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At Kome. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uce-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," -Coal (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

childblrth or misearriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medicul Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtotanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; For vio-



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(Address)

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No St.:---Ward) 6 DAT

REGISTRAR

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Marien,	(Month) (Day (Year)
8 -	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Б	(Month) (Day (Year)	that I last saw h alive on
7 A	(2011)	
	5 yrs mos 2 / ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION) Trade, profession, or chicked Irficular kind of work) General nature of industry, siness, or establishment in lich employed (or employer)	Of a geen by Godfrey Wayde Davorth Co years of alge. (DUTE MON) (DUTE MON) (BUTE MON)
98	(State or country)	Secondary
	10 NAME OF Marris Payre	(Signed) Janjane Cororus, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	of MOTHER Gessie Rothweel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTED
	13 BIRTHPLACE OF MOTHER (State or country) Hash DC	At place in the of death yrs, mos ds. State yrs, mos ds
	(Informant) seph Dougland agno	Where was disease contracted, If not at place of death?————————————————————————————————————

[If death occurred in

hospital or Institutioa give its NAME instead

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household outy (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid definite); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerrenal peritonitis," etc. State cause for ture of the American Medical Association. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemla," "Weakness," theuia," "Anacmia" (mercly symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Sculle," etc.), "Coilapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less defiuite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

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DEATH in plain terms,

See instructions on back of certificate.

PARENTS

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of information

Item P 0 CAUSE OF Important.

Every

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TAGE

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

State or country)

10 NAME OF FATHER

(b) General nature of industry, business, or establishment in

which employed (or employer) ---

of FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(Address)

RECORD

PERMANENT EXACTLY.

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UNFADING INK-THIS

PLAINLY, WITH

WRITE

PLACE OF DEATH Er Groger Orderville (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 240

St .:----....Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number. I

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RS	MEDICAL CERTIFICATE OF DEATH
yh	16 DATE OF DEATH Nov 25-, 1914 (Month), (Day (Year)
d)	17 I HEREBY CERTIFY, That I attended deceased from
9/1	al broth 101 to Nov 24 - 1914.
(Year)	that I last saw h. alive on
If LESS than	and that death occurred on the date stated above, at 2-30 Pm.
1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
	She but
	(Duration) yrs mgs ds.
	Gontributory
	(Signed) I have a company of the com
•	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
EDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
シ	If not at place of death?————————————————————————————————————
5	usual residence.
	St. Peters R. C. Cerreting Mr. 26 17191 4
ress	James & Proter Cachi) address

5 000	lor	
STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR RACE SINGLE, MARRIED, WIDOWED, OR DIVDRCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
Dov 25	that I last saw him alive on 191, and that death occurred on the date stated above, at 2-30 Pm, The CAUSE OF DEATH* was as follows:	
mo n & Porelir	(Signed) (Duration) yrs mos ds. (Signed) (Duration) yrs mos ds. (Signed) (Address) Brandy (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal, or Homi	
Mds THE BEST OF MY KNOWLEDGE 2 G. Broch	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.	
Marville Modern Harville Moder	DATE OF BURIAL OR REMOVAL LIVE ST. C. Curetay N. 2 57,191 # 20 UNDERTAKER James S. Proter Carting Cedarille Ma trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of



BINDING RESERVED MARGIN

RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS carefully supplied. DEATH in piain terms, so that it m See instructions on back of certificate. PLAINLY, WITH of Information WRITE CAUSE OF Important.

PHYSICIANS should state of OCCUPATION Is very

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

.St.;.....Ward)

[If death occurred in a hospifal or institution, give its NAME Instead of street and number.]

1 PLACE OF DEATH

756

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RACE Single, MARRIED, WIDOWED, ORDINORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	
7 AGE If LESS than day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Acad a vele by mos ds.
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Lobert M. Proctor 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MO	Contributory Secondary (Buraflon) (Signed) (Signed)
OF MOTHER Costta Crocta 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs mos ds. Where was disease contracted, If not at place of death?
(Interment) Cobert IV. Proctor (Address) ledaville Ind., 15 Filed Dev. 24th, 1914 Prof Squies. REGISTRAR	Former or usual residence. 19 place of Burial or REMOVAL St. Leters R. G. Cerretery Part. 2 4th, 1914. 20 undertaker R. R. Parota
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

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BINDING FOR RESERVED MARQIN

S. No. 1.

N. B.

PHYSICIANS should state of OCCUPATION is very stated EXACTLY. PERMANENT properly classified. UNFADING INK-THIS IS WRITE PLAINLY, WITH of information should be See Instructions CAUSE OF Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 232

St.;....Ward)

[If death occurred to a hospital or institution, give Its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO Jungle ORDIVORCEO Jungle ORDIVORCEO Jungle	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191, 191,
(Month) (Day Or Many)	that I last saw h alive on, 191
7 AGE 1f LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Fremuliue
which employed (or employer) BIRTHPLACE (State or country) Md	Contributory Secondary
10 NAME OF FATHER MKuru 11 BIRTHPLACE	(Signed) (Duration) yrs mos ds. (Signed) (Signed) (M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted,
(Informant)	If not at place of death? Former or usual residence
Flied In 26, 1914 Roughfrulh	19 PLACE OF BURIAL OR REMOVAL Rea Grown States Ind Nov 2 6, 1914 20 UNDERTAKER ADDRESS State In Sta

If more blanks are needed, address State Registrar, 6 E. Granklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcesis of lungs, meninges, peritonacum, etc., Carcin-

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1 PLACE OF DEATH Very .00

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration			1	2	1
Registration	Dist.	No.	1		۷

-Ward)

Ilf death occurred ina hospital or institution. give its NAME lostead of street and nomber.]

CERTIFICATE OF

DATE	OF DEATH	13"	, 1914
	(Month)		(Year)
7	I HEREBY CERTIFY,	That I attended	deceased from
*********	191, to	****************	191,
at I last	saw h alive on	••••••	191
nd that d	leath occurred on the date a	tated above, at	m
e CAUS	e OF DEATH* was as ipilo	WB:	-f.
	10 POB	au v	LA. LAL
		***************************************	***************************************
**	(Duration)yrs	scms.
Gentri Secon	butorydary		***************************************
	(Buraila	n\ uma	444

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

In the State _____ yrs.

19 PLACE OF BURIAL OR REMOVAL DATE OF BUBIAL 14-, 1914 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For VIO-



V. S. No. 1.

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1	should 10N Is
DECODE	PHYSICIANS of OCCUPAT
WRITE BLAINIY WITH INFADING INK THIS IS A DEPMANENT DECODE	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE	m of informace DE DEATH
V. S. No. 1.	B.—Every Itu CAUSE C Important
×.	ż

County Suice Sec. 1759	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 23/
Village or City Brentwood (No	St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal 2 Whit & (Write the word)	16 DATE OF DEATH Mrs /3 ,1914 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Mohth) (Day (Year)	that I last saw h alive on
7 AGE (Mohth) (Day (Year) 1 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) New York State	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER LEWENT 1 aylor Robertson	(Signed) Quegustus to Daller JP, M.D. 1 w /4, 1914 (Address) Bladen Pring
Coffather (State or country) New York State 12 Major Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) New York State	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds
(14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (10formant) Clement 1, Kobrilson	Where was disease contracted, If not at piace ot death? Former or usual residence.
(Address) Cottags City, Mid	Bladew hurs md. Mer 14 1914
Files Nov. 14th 1914 In D. Spreed PREGISTRAR	20 UNDERTAKER ADDRESS THE Gaselis sons. Bladus fung Mid
If more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 3 1914
BURLLAU, V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Prince Seo.	CERTIFICATE OF DEATH Registration Dist. No. 23/
Village or City Brent 2000 (No	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make White (Write the word)	16 DATE OF DEATH 134 , 191 9 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
(Month) (Day (Year)	that I last saw h
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated shove, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE**	(Duration) yrs mos ds
10 NAME OF FATHER Clement (aylor Robertson	(Signed) Quarter # Seelle J., M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Baffer Burt 13 BIRTHPLACE OF MOTHER (State or country) New York State	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Informant) Clement Taylor Kenbrilson	Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Collage City Mill.	Bladers burg med Mar 14th, 1914
Filed Nov. 14th, 1914 M. D. Spicer REGISTRAR	Fr. Gaselis sous Bladen turg 143

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

See Instructions on back of certificate.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) -Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tit death occurred to Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from 17 OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. _ mos. _ ds. State . Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 3 Ilt death occurred to St.:....Ward) a hospital or Institution, give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE MARRIEO. WIOOWEO, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,.....hrs. OR mio. ? BOCCUPATION (a) Frade, protession, or particular kind of work... (b) Geoeral nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory..... (Secondary) 10 NAME OF FATHER (Signed) ... 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) io the _____ yrs. mos, ds. State yrs, mos. Where was disease contracted. if not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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1 PLACE OF DEATH	STATE OF MARYLAND
Bladeshus a Und	CERTIFICATE OF DEATH
Gounty Brade Woung 411a.	Registration Dist. No. 231
Village or City William, (No. ,)	St.; Ward) [It death occurred in a hospital or lostitution,
Celiza Smallwood,	give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED	(Month) (Day (Year)
Semale Cololla (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h alive on, 191,
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	from Tulerenland of Jungs
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Safford loo Virginia	Contributory Secondary (Duration) yrs mos ds
10 NAME OF Barried. Elsa.	(Signed) Ougustus Handler J. P. M. B.
11 BIRTHPLACE OF FATHER (State or country) Stafford bo Virginia)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OFFATHER (State or country) Stafford Co Virginia) 12 MAIDEN NAME OF MOTHER AMN Whitter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Stafford bo Virginia	At place in the ot death yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?————————————————————————————————————
(Interment) 3221. Sherman do N. W.	19 PLAGE OF BURIAL OR REMOVAL DATE OF RURIAL
Flied for 7th 1914 Mr. D. Spicer	Mashing on SC. Mar S 1914 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed address State Rogis	trar & E. Franklin St. Ratto Paguasting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Hay laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—line and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



V. S. No. 1.

764 1 PLACE OF DEATH 5

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

St.; -Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

Reel

TOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify. That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw hamalive on 1914.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 4-Rm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Primative Brits
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Presentation Buyles Secondary
10 NAME OF FATHER WE R. Stanbach	(Signed) Cluber M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAID NAME OF MOTHER	*State the Disease Causes, state (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal.
of Mother Eller Burall 13 BIRTHPLACE OF MOTHER (State or country) Walling ton	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA) At place In the of death yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	
(Address) Conquest the DC	Hace of Burial OR REMOVAL DATE OF BURIAL TON 19, 191 +
Filed NOV. 191 T McChenum REGISTRAR	Mym. Stanbach Oxw. Fill, Ma
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report etc. The contributory (secondary or intercurrent) nant neopiasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



OCCUPATION RECORD cla euppi certifical jo rms, back pinoda 0 plain Instructions 2 EATH of DE 90 mportant. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County ... Registration Dist. No. It death occurred in St.:....Ward) a hospital or institution, give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 to allve on, 191 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. __ Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR DATE OF BURIAL 16 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Sulesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma. etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanitiou," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT d WRITE PLAINLY, WITH UNFADING INK-THIS IS

11700	
PLACE OF DEATH 11766	STATE OF MARYLAND
County Mense Swigh	CERTIFICATE OF DEATH
	Registration Dist. No. 24
VIIIage or City Cooker (No. 1),	St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDDWED.	(Month) (Day (Year)
Male While (Write the word) Ingle	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	My 5- 1914, 10 200 6 1914,
(Month) (Day (Year)	that I last saw ham alive on The first 1914
⁷ AGE If LESS than	and that death occurred on the date stated above, at
9 yrs 9 mos ds. 0R min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, protession, or particular kind of work	Monte Philomilis.
(b) General nature of industry.	Iliforation, Disease
business, or establishment in which employed (or employer)	(Duration) yrs mos dds.
9 BIRTHPLACE (State or country)	Contributory acute minigities
(State or country) manshand	Secondary
10 NAME OF of AFR	(Duration) yrs mos 3 ds.
- T. Jarnham	(Signed) A. C. Horn & M. D.
OF FATHER XX	11.00, 1914 (Address) Maldry Mil
11 BIRTHPLACE OF FATHER (State or country) / 4. 60 Mich	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Man & alexand	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) of Mary les Mil	ot death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) L. F. Jhanyan	Former or
acopula mi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS
Filed Nov. 8, 1914 Edgas D. Hourt In h	Huntt & Ryon Moldal and

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," write Nonc. As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for



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RECORD

state 10 should County. OCCUPATION PHYSICIANS ō statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE 5 STAGLE. MARRIED, WIDOWED, ORDIVORCED 6 DATE OF BIRTH classified. (Month) (Day TAGE if LESS that 1 dayhrs OR 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work supplied. pe (b) Deneral nature of industry, business, or establishment in may which emplayed (or emplayer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 0 PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country 50 12 MAIDEN NAME plain See Instructions OF MOTHER C 13 BIRTHPLACE OF MOTHER (State or country) DEATH OF MY KNOWLEDGE CAUSE OF (Address) 15 1

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Wand

Registration Dist, No. 232

[If death occurred in

NAME Discilla Fo	a nospital of institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Slach Smale, widerd ord ord ord wife the word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h S alive on May 14", 1914
Syrs mos. ds. or min.?	and that death occurred on the date stated above, at 6 Pym, The CAUSE OF DEATH* was as follows: Heure at Man Druky
istry, at in yer)	(Duration)yrsmosds.
Muhumon	Contributory Secondary (Signed) (Doration) yrs mos ds. (Signed) (Address)
ME HILLIAM MIN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
UE TO THE BEST OF MY KNOWLEDGE	or Recent Residents) At place in the of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of death?
the Wallow me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lifebu Marloon and how 18, 1914
REGISTRAR If more blanks are needed, address State Regist	Franklin St., Balton, Requesting V. S. No. 1.
	very very parto, pertuesting v. p/ No. 1.

[Approved by U. S. Censns and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearrlage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



במסטו	every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT	
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117	0	DE	366
181	Item	PO.	ant. S
	Every	CAUSE	mport

FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

(State or country)

OF MOTHER

ARENTS

15

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Village or City. St .:Ward) a hospital or institution. give Its NAME Instead of street end number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF

191 La (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death ____ yrs. ___ mos. ___ ds. State yrs, ____ mos. __ Where was disease contracted. If not at place of death? usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

REGISTRAR It more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

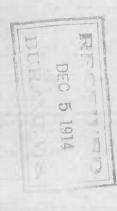
OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uecness of various pursuits cau be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Causuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertakeu. For vioby earbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less defluite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

7

	The state of the s	Registration Dist. No. 22
Vil	PEULL NAME Julia a. lelius	St.; Ward) [If death occurred in a hospifal or institution, give ifs NAME instead of street and number.]
	171Bl	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	twale while opinion to the best of the bes	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914, that I last saw h 1 alive on Nevry 1914
TA		
	261-59 yrs mos ds. OR min.?	and that death occurred on the date stated above, at
(a)	CCUPATION) Trade, profession, or Thomas Titular kind of work	Bythe Orion
bus	General nature of indusfry, iness, or esfablishment in ch employed (or employer)	(Ouration) yrs mos ds.
	10 NAME OF FATHER	Contributory Secondary (Duration) (Signed) (Signed) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISPASE CARSING DEATH OF In Josh to View
PARE	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos, ds
	(Informant) A Lu Lunguron	Where was disease confracted, If not at place of death?————————————————————————————————————
16	(Address) Juphes Marebro	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	BEGISTAR	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Reduciting V. S. of 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meminges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraenia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



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STATE OF MARYLAND Very state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. fif death occurred in -Ward) a hospital or lostitution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EXACTLY 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH classifled. pe (Month) (Day (Year) 7 AGE If LESS than pinous t day,....hrs. OR 7 properly BOCCUPATION AG (a) Trade, profession, or particular kind of work pe (b) General nature of industry. business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 80 0 back terms, 11 BIRTHPLACE (Address) PARENT should OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 0 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) _ 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death _____ yrs. ____ _ ds. State ____ yrs. _ Where was disease contracted. KNOWLEDGE If not at place of death? 20 Item Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 30 UNDERT ADDRESS 1.0 If more blanks are needed, address Sidte Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent)

